	n No. 1034—Revised rescribed by r Gene <b>Sanitize</b> ber 7, Supp. No. 11) ebruary 20, 1952)		. 4				<del></del>			
<i>U. S.</i>		Cost Reimbursa (Department, bu	<b>ole</b> reau, or establishment)			Tel	APC 1	7PAI	D BY	
Zoucher prei	pared at					1	OPY	OF. J		
			(Give place and date							
HE UNITED	STATES, Dr.,	Payee	's Account No	519	•					
Го										
÷		· (I	ayee)							
	(Add	lress)	(City)	(S	tate)					
No. and Date of	Date of Delivery	AR (Enter description, i	TICLES OR SERVICE	ICLES OR SERVICES  n number of contract or Federal su- ter information deemed necessary)		OUANTITY	UNIT	PRICE	AMOUN'	r
Order	or Service	schedule, and o Discount Terms	ther information deep				Cost Per		Dollars	
										_
		Cost							7,151.	63
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AYMENT:										
Complete			,						i ·	
Partial										
Final			atinuation sheet(s) if ne		N/T : N1					-
hipped from			Veight	Government E		ee must NO	T use this	Total	7,151.	0
certify that the	above bill is correc	t and just and that payme	ent has not been receiv	red.	Differen	ces				
		(Sign original only)						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
25X	1A *Pavee	25X	1A							
		cate not required				unt verified;		0.40	7151	6.
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Contract No.	Alol	Date				vare .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ /	25X1A	
'ursuant to auth		I certify that this account	is correct and proper	for payment.			1/2/	55	23/1/	
Approved for \$	7,151.63		CION	Ť			A Continu	mar) Moor)		·
Ву.			SIGN Original Only	Title	وب وروست	-w-v		O.T		1/4
			ONLI	D	25X1 <i>A</i>	4				/
litleAppro	ving Office	E HIS FORM MUST BE EXECUTED V	VHEN PURCHASES ARE MAIN	Date F OR SERVICES SEC	IRED WITH	OUT WRITTEN	GREEMENT I	IN ANY FORM		
			·							
	ACCOU	NTING CLASSIFICATIO	N (Appropriation Sym	bol must be sh	own; oth	er classifica	ion option	nal)		
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	~		<u>.</u> "							
	•	•								
							•			
			, 10.3°S	7 . 100	246	60	(on Tr	easurer of t	he United Stat	es in
Paid by { Check	No. 10, 21.2, 2	12 dated Nov. 2	, 19		7		favor	of payee na	amed above.	111

## Standard Form No. 1025—Hevised - Approved For Release: CIA-RDP64-00360R000400030009-6 Form prescribed by Comptroler General, U. S. September 7, 1050 (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Page 1

CONTINUATION SHEET

No. and Date of Order	Date of Delivery or Service	© (Department, bureau, or establishment)  ARTICLES OR SERVICES	QUAN- TITY	UNIT PRICE		AMOUNT	
		(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		Cost	Per	Dollars	Ci
		PAYROLL SYSTEM 1					
		Direct Labor Costs properly chargeable to Contract AlOl for the Period 10/3/55 thru 10/9/55					
		Week Ending 10/9/55				2,804	
						4,347	
		25X1A				7,151	
				;			
			. '				
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